

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041735

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1346

STATE FILE NUMBER

VS 300
Rev. 4/59

1 5117
2 5117v
3
4 0
5 0
6
7 1
8 2
9 X
10
11 511
12 92-3
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
S.E. Meluney, M.D.

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph,</u>		c. CITY OR TOWN <u>St. Joseph,</u>	
Length of stay in 1b <u>3 years</u>		Inside Limits <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DOA Mo. Methodist Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>3202 Hampton Road</u>	
3. NAME OF DECEASED (Type or print) First <u>JIMMY</u> Middle <u>LEON</u> Last <u>TUCKER</u>		4. DATE OF DEATH Month <u>December</u> Day <u>2,</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 31, 1944</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lafayette High School Cheyenne, Wyoming</u>	
13a. FATHER'S NAME <u>Thomas L. Tucker</u>		13b. MOTHER'S MAIDEN NAME <u>LaVetta Roach</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or (unknown)) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Mother</u>		Address <u>Mrs. LaVeta Shorley-St. Joseph, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Traumatic Shock & Intracranial Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>At once</u>	
DUE TO (b) <u>Skull, Cervical Vertrebral Fractures</u>		<u>At once</u>	
DUE TO (c) <u>Struck by car while crossing highway on foot</u>		<u>At once</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Tried to cross in front of oncoming car</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? <u>YES</u> <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>59 about 6 miles north of Hall Mo.</u>	
20c. TIME OF INJURY Hour <u>230</u> a.m. <u>12</u> 2 62 Mo Highway		20f. CITY, TOWN, OR LOCATION <u>Buchanan</u>	
20d. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.) <u>Highway</u>		20g. STATE <u>Mo.</u>	
21. Viewed Body <u>Dec 2 62</u> Death occurred at <u>2:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>12/3/62</u>	
22a. SIGNATURE (Degree or title) <u>S.E. Meluney, M.D.</u> CORONOR		22b. ADDRESS <u>620 Francis St St. Joe, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DAY <u>Dec. 4, 1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	
24. FUNERAL DIRECTOR <u>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 4, 1962</u>	
		26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Goodell</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

DEC 10 1962

Permit issued 12/3/62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4679

P. O. Address 37 Joseph Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.